

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/10/2018 15:13
Date Of Accident	07/10/2018 23:00
Exact Location Of Accident	40 TOH GUAN ROAD EAST CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9333A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	388 PTE. LTD.
Co Reg No	201328419K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91464543
Alternative Phone No	OFFICE-91464543

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001722
Cover Note Number	

### Driver

Name of Driver	SELVAM RAMKUMAR
Passport No/FIN	G2222037W
Date Of Birth	12/04/1993
Occupation	INDOOR
Date Of Driving Pass	09/12/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91464543
Fax Number	
Contact Number	OTHERS-91464543
Email Address	NOEMAIL

Address	40 TOH GUAN ROAD EAST #01-60 ENTERPRISE HUB
Postcode	608582
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA6128Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN6883J
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**388**  
pte ltd

Policyholder's Signature  
Date & Time:

*P. Ramalingam*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*10/10/2018*  
*Rajesh Kumar*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

①

②

40 Toh Guan Road  
East carpark K

Vehicle A: GBF 9333A  
Vehicle B: GBA 6128Y  
Vehicle C: YN 6883J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle A was parked stationary in the parking lot. Vehicle C reversed and hit onto Vehicle B. The impact is so huge it causes vehicle B to hit onto my right portion.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

**388**  
Pte Ltd  
Policyholder's Signature  
Date & Time:

*Ram Kumar*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*10/10/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ID

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2222037W**

Name: **SELVAM RAMKUMAR**

Birth Date: **12 Apr 1993**

Issue Date: **04 Jun 2015**

Valid Till: **03/06/2020**

0024349270

SG 50

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **DBS PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **SELVAM RAMKUMAR**

Occupation: **CONSTRUCTION WORKER**

Work Permit No: **038932313**

Date of Application: **21-02-2017**

Date of Issue: **23-03-2017**

Date of Expiry: **22-03-2019**

L7765897

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Effective Date
Class 2B	01 Jan 2015
Class 3	01 Dec 2015

Motorcycles <= 200 CC  
Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor vehicles <= 2500 kg

C1333017W

S / No. 9000254622

NP 426A

License No: G2222037W

**VISIT PASS**  
Immigration Regulations

Name: **SELVAM RAMKUMAR**

Date of Birth: **12-04-1993** Sex: **M** Nationality: **INDIAN**

FIN: **G2222037W** Date of Issue: **23-03-2017** Date of Expiry: **22-03-2019**

**MULTIPLE JOURNEY VISA ISSUED.**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAN8131569 Vehicle Registration No : G89F 9333 A  
Name (as shown in NRIC) : SILVAM RAMKUMAR NRIC/FIN/Passport No : G2222037 W  
(\*Vehicle Driven / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91664543  
Email Address : \_\_\_\_\_  
Date of Accident : 02/10/2018 Time of Accident : 23:00  
Place of Accident : 40 Jett Quone Road Road 8087 CARPARK  
Insurance Company : \_\_\_\_\_

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number 20 AMCPH018-001722  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

02/10/2018  
Reporting Centre Personnel's Signature  
Name: Rajesh Kumar  
NRIC/FIN No.: \_\_\_\_\_  
Date: